Rural District Council of Leeds

(Roundhay & Seacroft)

Medical officers Report for the Year ending Dec 31/95

I am happy to state that in the past year there have been fewer deaths in the district than have occurred in any twelve months that I have known it. This is probably due to the entire absence of any of the zymotic diseases in an epidemic form. A few scattered cases of enteric and scarlet fevers and of diphtheria have been reported; but measles, whooping cough and diarrhoea, which, though less dangerous in the individual case, yet on the whole kill far more than the so-called more dangerous diseases throughout the country, have been conspicuous by their absence: though all have at one time or another been more or less prevalent in the villages hard by.

The deaths registered amount to thirty two in all; and one death which should be accounted to Seacroft has occurred outside the district, within my knowledge;

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I know of no others in that class. Of the thirty two registered nine were persons in the Manston Fever Hospital and are accounted for in other returns. Of the remaining twenty three, fourteen are registered as belonging to Seacroft; with the death I have mentioned, Seacroft's total becomes fifteen. The remaining nine belong to Roundhay.

The population of Seacroft at the last census was, I believe 1100 or thereabouts, and it must have remained pretty nearly stationary.

From a careful survey of the houses in Roundhay, which contains many large houses, and in which the smaller houses are to my knowledge, often densely populated. I should estimate the population of that division at twenty two to twenty three hundred. Putting the whole population at about 3.300. the corrected death rate will then be 6·9 per thousand, that of Seacroft 13·6, that of Roundhay being about 4; the total death rate being 9·7. Of course no value can be attached to a single years rate in a district so small.

The corrected zymotic death rate is nil; uncorrected

it amounts to 2·7; all being Leeds cases.

The phthisis death rate is 0·9; but all the cases belong to Seacroft. The respiratory death rate (other than consumptive cases) is 1·2.

The infantile death-rate is 89 per thousand born: corrected (one dying at Manston Fever Hospital) it is 71.

To make these figures of any real value the statistics should extend over at least 10 years; I am endeavouring to get them for that period.

On this matter I have nothing to say beyond what I have said before; viz. that the rural death rate – which in this year and in this case I regard as quite exceptionally good – is far too high. And I attribute it to this cause mainly, that the housing of the working classes is not so satisfactorily provided for as it is in the towns; the respectable working man in the country has to do with a house that a town man of the same class would not live in. All the country round so far as I know it, will shew you here and there insanitary conditions that would

not contrast in any way with the slums of a large town, while only here and there is there proper provision made for the labourer and his family. The majority of the country cottages have only two bedrooms for fathers, mothers and children of both sexes; often they have only one. Apart from the immorality which is almost the necessary consequence - illegitimate births are in my experience relatively as frequent as in the towns - persons who breathe vitiated air the night through, as the country workmans family almost always has to do, necessarily have their powers of resistance to disease, especially tubercular disease, diminished. Consequently you get deaths from respiratory diseases, including tubercular disease of the lung, in numbers far too great. With air so good as Seacroft air is outside the houses, such diseases should be almost unknown. Of course there are other causes which contribute to this excessive death in the country, but this is certainly one of the chief. If Roundhay were properly drained outside the houses as well as in, it should be an ideal place to live in;

and so long as I have known it there has been a marked contrast between the phthisis death rate there and in Seacroft, a poor country place, as compared with Roundhay, a comparatively rich country place. None the less in the older and better class houses in Roundhay the sanitary conditions that come gradually to light are often shocking; they are of course being gradually remedied.

With regard to tuberculosis, as the Council is aware, a movement is being begun to stamp out all the forms of a disease which should be preventable, and which has indeed been markedly diminished within the last fifty years all over Great Britain. The time is hardly ripe for compulsory notification of tubercular disease, as in the case of other infectious illnesses. But once it is generally realised that consumption is an infectious disease, in the same way though not to the same degree, as measles or scarlet fever, a great step has been made. Where I could, I have tried to induce the relatives of a person dead from consumption to allow of the disinfection of the house, but I am bound to say that the poor object very strongly to any such proceeding. The disease

is not less the scourge of cows than of human beings; and there is little doubt that much of the recognised fatal diseases of children which yearly kills so many, as well as of obscurer diseases which pass unrecognised or are grouped together under the vague name consumption is due to tubercle-tainted milk. The extent to which the disease prevails amongst English cattle is not even dimly conceived by the average layman, nor even by the dairy farmer himself. There is little doubt that in time the tuberculin test will be generally adopted in the first class dairies; at present it would be impossible to enforce its acceptance to any great extent. But I trust that the Council will see their way to formulating some byelaws for cowkeepers throughout the district, on the lines I have lately suggested. In the average case it is ignorance which does mischief; a man will not harm his neighbours if he knows how to prevent it; and byelaws if they are nothing else, may be at least a means of educating the people for whom they are intended.

I am glad to think that there is a definite

prospect of obtaining facilities for isolation of cases of acute infectious disease. In the last four years it has twice occurred that I have been forced to seek help from Leeds, one time unsuccessfully. Such necessity may arise at any moment, and one's hands are completely tied in any attempt to prevent disease spreading. With small pox threatening to return in frequent epidemics, as under the New Act it does threaten, the need may become more urgent than ever. I am happy to say that, so far, that Act has not done much harm in our district.

The dairies and slaughter houses in the district have been generally as well kept under the circumstances as they could be. I have several times drawn attention to the structural defects of the slaughter houses; most of the dairies are quite up-to-date, save that the water supply for several is not quite above suspicion; in two or three cases the farms are isolated, and the town's water cannot be laid on without imposing a severe tax on owners or tenants, or both; but in the summer these supplies sometimes fall short, and I know cases

where, because of drought, cattle have had to be watered from ponds which are decidedly unsafe.

There are numerous other points which I should notice, but they will all be remedied by the improved system of drainage which we are hoping to get before long.

Signed. B. Baskett M.B. Dean.